Service Area Plan

Department of Health

State Office of Emergency Medical Services (40204)

Service Area Background Information

Service Area Description

The Virginia Emergency Medical Services (EMS) system is very large and complex, involving a wide variety of EMS agencies and personnel, including volunteer and career providers functioning in volunteer rescue squads, municipal fire departments, commercial ambulance services, hospitals, and a number of other settings to enable the EMS community to provide the highest quality emergency medical care possible to those in need. Every person living in or traveling through the state is a potential recipient of emergency medical care. The VDH, Office of Emergency Medical Service (OEMS) is responsible for developing an efficient and effective statewide EMS system.

Statewide planning and coordination is essential to assure the availability of quality emergency medical care across the Commonwealth and to provide a more coordinated response in large scale or mass casualty events requiring resources from a large number of EMS agencies and personnel. All aspects of the EMS system are included in statewide planning and coordination. The Office of Emergency Medical Services has developed a 5-Year-Plan that addresses specific services including: technical assistance related to general EMS system design and operation, EMS communications system design and implementation, recruitment & retention of EMS personnel, EMS training and continuing education for all levels of EMS providers, specialty care center designation, Critical Incident Stress Debriefing, and public information and education. The State EMS Advisory Board, its many committees, and eleven Regional EMS Councils are essential partners in the statewide planning and coordination effort.

Service Area Alignment to Mission

This service area directly aligns with the Virginia Department of Health's mission of promoting and protecting the health of Virginians by reducing death and disability resulting from sudden or serious injury and illness in the Commonwealth. This is accomplished through planning and development of a comprehensive, coordinated statewide emergency medical services (EMS) system; and provision of other technical assistance and support to enable the EMS community to provide the highest quality emergency medical care possible to those in need.

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Service Area Statutory Authority

OEMS is mandated by the Code of Virginia and is responsible for the following objectives:

§ 32.1-111.3. Requires a comprehensive, coordinated EMS system in the Commonwealth and identifies seventeen specific objectives that must be addressed.

§ 32.1-111.4. Requires OEMS to establish requirements, procedures, capabilities and classifications for the provision of emergency medical services.

§ 32.1-111.5. Certification and recertification of emergency medical services personnel. By regulation OEMS prescribes the qualifications for certification and recertification of EMS personnel, including testing and continuing education.

§ 32.1-111.6. In the Commonwealth all EMS agencies must be licensed and all EMS vehicles must be permitted.

§ 32.1-111.7. Inspections. Each agency and each EMS vehicle shall be inspected and a record is maintained by OEMS.

§ 32.1-111.10. Establishes a 28 member State Emergency Medical Services Advisory Board to advise on all EMS matters for the development and coordination of a comprehensive EMS system.

§ 32.1-111.11. This section authorizes the Board of Health to designate regional EMS councils. Each of the eleven EMS councils contract with OEMS in a performance based contract to provide specific programs and services identified in Scope of Work. Please refer to Service Area Plan "Regional Emergency Medical Services Councils (40291)".

§ 32.1-111.12. This authorization language establishes the Virginia Rescue Squad Assistance Fund. The majority of Service Area "Financial Assistance for Non Profit EMS Organizations and Localities (40203)" is provided through this funding and grant process. These funds assist and support in the provision of training to support the 17 Code objectives as well as assist EMS agencies, personnel and localities meet Code requirements of regulations, certification, licensing and permitting.

§ 32.1-111.15. The Board of Health shall establish poison control centers that meet national certification standards promulgated by the American Association of Poison Control Centers to provide services as defined in Code.

§ 32.1-116.1. This section establishes the Emergency Medical Services Patient Care Information System (EMSPCIS) which shall include the prehospital patient care reporting procedure and the trauma registry. The EMSPCIS is administered by OEMS for the purpose of collecting data on the incidence, severity and cause of trauma, and for the purpose of improving the delivery of prehospital and hospital emergency medical services.

§ 46.2-694. The EMS system is funded through this statute. An additional fee of $4 per year shall be charged and collected at the time of registration of each pickup or panel truck and each motor vehicle. All funds collected pursuant to this subdivision shall be paid into the state treasury and shall be set aside as a special fund to be used only for emergency medical service purposes.

§ 18.2-270.01. This Code language establishes the Trauma Center Fund administered by OEMS and

distributed to designated Trauma Centers.

§ 54.1-2987.1. Durable Do Not Resuscitate Orders. This Code language defines the requirements for OEMS to administer the program.

Service Area Customer Base

Customer(s)	Served	Potential
Advanced Life Support Training Coordinators	421	421
Citizens of the Commonwealth	7,400,000	7,488,800
EMS agencies	829	837
EMS Instructors	653	653
EMS organizations & associations	15	15
EMS providers	33,000	33,330
Hospitals	94	94
Localities	135	135
Poison Centers	3	3
Regional EMS Councils	11	11
Trauma centers	14	14

Anticipated Changes In Service Area Customer Base

• The establishment of Emergency Medical Service agencies is dynamic and dependent on the consent of local governments. Some local governments are increasingly encouraging the establishment of EMS agencies in their communities by investigating and funding government combination agencies that are staffed by local government employees during the day and by community volunteers at night. This effort is increasing in rural areas as the availability of volunteers becomes more limited. OEMS anticipates growth in the number of agencies staffed by governmental employees and volunteers to approach 10 percent in the next two years.

• The demand for EMS providers will continue to grow to meet the estimated 12 percent population growth through 2010. The pool of 16-34 year old volunteers is decreasing and there is a decreasing trend in people volunteering due to other constraints and commitments.

• Emergency preparedness and response will continue to be a central focus to meet the needs of Virginia to respond to natural disasters and threats of terrorism. There will be an increase in the number of Office of EMS deployable emergency response resources. Greater technical assistance from OEMS to emergency managers, local government leaders, and Emergency Services supervisors will be required for planning, training and response activities.

Service Area Plan

Department of Health

State Office of Emergency Medical Services (40204)

Service Area Products and Services

- EMS Education, Training and Medical Direction:
  - Establish certification and re-certification qualifications and standards for EMS personnel
    - o EMT Basic Life Support curriculum and competency standards
    - o EMT Advanced Life Support curriculum and competency standards
    - o EMT Instructor curriculum and competency standards
    - o Certification Examinations
  - Maintain certification records of EMS personnel
    - o Initial certification candidates
    - o Re-certification candidates
  - Establish accreditation criteria and standards for training sites/programs.
  - Perform accreditation site visits of training centers/programs

- Critical Care and Trauma:
  - Develop trauma center designation criteria
  - Perform trauma center designation inspections
  - Trauma System Planning (State Trauma System Plan)
    - o Provide staff support for Oversight & Management Committee
    - o Develop Statewide Trauma Triage Plan and monitor compliance
    - o Regional Trauma Triage Plan monitoring/administration
  - Administer Trauma Center Fund
  - Emergency Medical Services Patient Care Information System data collection and analysis
    - o Administer Statewide Trauma Registry
    - o Administer Prehospital Patient Care Report
    - o Participate in the Crash Outcomes Data Evaluation System (CODES)
  - Administer Poison Control Center Network contract

- Emergency Operations:
  OEMS is responsible for developing a comprehensive and coordinated response during a declared "state of emergency". This is achieved through Health and Medical Emergency Response Teams (HMERT) and the training of EMS personnel and other first responders.
  - Coordinate Disaster Response Teams
    - o Health and Medical Emergency Response Teams (HMERT)
    - o Disaster Task Forces
  - Provide Training Programs
    - o Public Safety Response to Terrorism – Awareness
    - o Heavy and Tactical Rescue
    - o HMERT Team Member
    - o HMERT Team Leader
    - o Mass Casualty Incident Management - Modules I -V

- Emergency Medical Services for Children (EMSC):
  Integrate EMSC within the state EMS system. Incorporate pediatric issues in all aspects of clinical care through outreach and education in the prehospital setting, emergency departments and primary care offices.
  - Administer and maintain a statewide emergency medical services for children program to provide coordination and support for emergency pediatric care.
  - Improve and expand pediatric emergency care education systems.
  - Improve data collection systems methodology and encourage inclusion of pediatric specific indicators on statewide EMS data tools.

Service Area Products and Services

> • Improve EMS/EMSC systems development.   Ensure that integration of health services meets children's needs by increasing the availability of pediatric injury prevention, first aid and CPR programs throughout Virginia.
> • Develop broad-based support for prevention activities. Increase both unintentional and intentional injury prevention programs. Increase community linkages between EMSC and the Children with Special Health Care Needs (CSHCN) program.
> • Identify and recommend pediatric equipment for EMS vehicles.

- EMS System Evaluation & Research:
  > • Conduct regular statewide EMS system needs assessments and report the results through the appropriate committees of the Governor's EMS Advisory Board.
  > • Perform EMS System Evaluation performed for individuals, organizations, legislative committees and EMS agencies by OEMS.
  > • Participate in the National EMS Information System effort. By signing of an MOU OEMS has agreed with 49 other states to use unified definitions of the variables collected through the PPCR Program.
  > • Emergency Medical Services Patient Care Information System of data collection and analysis includes:
  >   o Prehospital Patient Care Report administration
  >   o Statewide Trauma Registry administration
  >   + Provide informational support to the Trauma Center Fund.
  >   + Provide informational support to the State Trauma Triage Plan.
  > • EMS Research can contribute to high quality EMS and to drive improvements in patient outcome. Vast amounts of money are being spent for patient care with little rigorous evaluation of the effectiveness of that care. Methodologically sound research must be incorporated into all facets of the EMS system.
  > • EMS Research can assure new technologies and therapeutic approaches are scientifically and rapidly evaluated prior to or at the initiation of their use and for continued monitoring.

- Human Resources Management and Technical Assistance:
  > • Technical Assistance – OEMS coordinates with regional EMS councils and other state organizations to assist local EMS and government officials with specific system issues.
  > • Technical Resources – Develop, produce and distribute manuals, tool kits, curriculums, and self assessment guides to help local EMS and government officials to identify solutions to their own retention, leadership and management related issues.
  > • Resource Coordination - Partner with regional EMS councils and statewide EMS organizations and agencies to pool resources and assist volunteer and governmental EMS agencies.
  > • Financial Support - Promote the Rescue Squad Assistance Fund grant program to localities to help fund management and leadership and recruitment programs.
  > • Workshop and Seminars - Sponsor leadership and management workshops and seminars at EMS Symposium and other state-wide conferences.

- Public Information and Education:
  > • Provide public education and awareness programs to increase interest, knowledge and participation in Virginia's emergency medical services system.
  > • Promote and publicize Office of EMS programs and services identified under the Service Area Description of this plan.
  > • Assist EMS agencies in recruitment efforts.
  > • Promote of the National EMS Memorial Service to recognize EMS personnel who died in the

Service Area Products and Services

line of duty in Virginia and throughout the nation.
• Coordinate of Virginia's Durable Do Not Resuscitate (DNR) program, and education of the public, EMS providers and health care facilities on rules and regulations.

- EMS Regulation and Compliance:
  • EMS Agency Licensure and Vehicle Permits
    o Inspect and license new and existing EMS agencies.
    o Inspect and permit EMS vehicles.
  • Compliance and Review of EMS Regulations
    o Conduct investigations of EMS agencies and/or personnel.
    o Periodic review and revision of EMS regulations.
    o Review and evaluate EMS agency or personnel requests for variances and exemptions to regulations.
  • EMS Field Services
    o Coordinate and administer certification examinations.
    o Provide technical assistance to EMS personnel, agencies and organizations.

- Critical Incident Stress Management:
  • Establish and maintain a process for crisis intervention and peer support services for emergency medical services and public safety personnel, including statewide availability and accreditation of critical incident stress management teams.

- Communications:
  • Establish and maintain a program to improve dispatching of emergency medical services including establishment of and support for emergency medical dispatch training, accreditation of 911 dispatch centers, and public safety answering points;
  • Coordinate FCC licensure authorization for EMS agency radio communication.

Factors Impacting Service Area Products and Services

• Changes driven by VITA transformation activities may change OEMS' ability to serve external agency and internal information technology customers. This will increase agency costs to meet the transformation mandates.

• EMS agencies and personnel are expecting to transact more programmatic and financial business with OEMS across automated systems. This will require OEMS to expand electronic services.

• Emergency Medical Services are available statewide, but the level of service varies. This will require a greater coordination of services by OEMS with local governments, EMS agencies and organizations.

• Prehospital Patient Care Data collection system is inadequate and response time standards are needed. This will require OEMS to examine new technologies in the collection of data.

• Recruitment and Retention of EMS providers are major problems for EMS agencies. Local, Regional, and State initiatives are needed to address recruitment and retention.

• The limited availability of accredited training programs, increased certification requirements and increase in the cost of training affect the number of certified EMS personnel

• Revenue recovery and local funding of Emergency Medical Services is an emerging issue. In general, EMS is moving from a free service provided by volunteers to a service that bills for care.

• Trauma Center designation is voluntary and has lead to gaps in trauma care in certain areas of the state. There has not been a financial incentive to being a designated trauma center. A recent JLARC report on "The Use and Financing of Trauma Centers" indicated that Virginia's Trauma Centers were

    o Losing $45 million annually.

    o At risk of downgrading or closing

    o Experiencing difficulty recruiting specialty physicians

    o Facing increased medical malpractice liability costs

• §18.2-270.01 of the Code established the State Trauma Center Fund and it is expected to generate $4.2 million annually; however, this is less than 10% of the financial losses being experienced by the trauma centers.

• Virginia's Poison Control Centers have a growing financial concern. The centers have not had their funding increase in 10 years and actually had a budget reduction of 15% two years ago. In addition to these funding issues, they have had increased costs for staffing and services. This limits the community outreach, injury prevention and surveillance services they are able to provide.

• The Virginia EMS for Children Program has been funded through federal funds and it is unclear if federal grant support will continue. Demands for emergency care and EMS services for children with chronic illnesses or technology-dependent conditions continues to increase.

• Increased violence in the workplace, schools and public areas continue to drive the demand for CISM services.

• National changes in laws and processes will impact the availability of EMS personnel and resources.

    o Homeland Security issues

        + National Incident Management System

        + Local/federal coordination

    o Financial reimbursement

        + Revenue recovery

        + Emergency Medical Treatment and Labor Act

        + Medicaid/Medicare laws

    o New training – time and resource commitments

• Regulation and oversight of EMS agencies will remain a significant focus of this service area plan.

Anticipated Changes To Service Area Products and Services

• Legislation passed in the 2005 General Assembly removed the licensing of wheelchair vehicles by OEMS and re-assigned regulatory oversight to the Department of Medical Assistance. There will be an immediate reduction in the total number of EMS agency vehicles and the total number of licensed EMS agencies to reflect this change.

• The EMS System through OEMS and the regulatory process needs to promulgate new/revised regulations concerning:

    o Designation of Regional EMS Councils (currently in development)

    o Financial assistance to EMS agencies (currently under revision)

    o Pursuant to HB 2238 EMS regulations need to define response times, data collection requirements and, enforcement provisions to include civil penalties(currently in development)

• Changes, updates and new legislation from the Federal Communications Commission concerning public safety communications will impact EMS agencies. Changes in communications technology (e.g., improved two way radios, voice over internet, digital radios, etc.) will have a financial impact upon EMS agencies and they will seek alternative sources of funding for these major investments. Greater technical and financial assistance from OEMS is anticipated. OEMS will continue to offer its program in emergency medical dispatch and accreditation program for 911 Public Safety Answering Points (PSAP) and Emergency Dispatch Centers. Accreditation promotes implementation of standardized emergency medical dispatch (EMD) protocols and continued training and education of dispatchers.

• Critical Incident Stress Management (CISM) services has primarily focused on EMS and fire. Legislation passed during the 2005 General Assembly increased the objectives of §32.1.111.3 to include CISM. OEMS has been working with Virginia's law enforcement community and this service area is expected to expand substantially. There will be an increased need for CISM training and CISM services across the Commonwealth as violence in the workplace, schools and public areas continue to escalate. CISM is now being requested by public schools (school shootings), jails and mental hospitals (abused staff) and private business (robberies) leading to increased requests for debriefing services.

• EMS agencies, particular volunteer agencies with higher turnover, will need to continue to develop new leaders who are competent to manage a changing and challenging environment and the complex issues of managing an EMS agency. Volunteers will be more dependent on career support for answering calls and managing the day-to-day operations. With the changing demographics of Virginia, leaders will need to be trained in dealing with a variety of ethnic and cultural backgrounds and issues. OEMS will experience an increase in demand for technical assistance services and funding related to recruitment and retention of EMS personnel.

• OEMS customer services are anticipated to increase as the number of EMS responses increases. As the public's expectations for EMS services increases, local governments and EMS agencies will seek the assistance of OEMS to increase the level of patient care while finding ways to maximize the impact of public funds. Informing the public remains a challenge and will require innovative methods to educate the public about the EMS System.

• Demands for emergency care for children continue to increase due to inadequate access to primary care, increased survival and home care of children who suffer from chronic illnesses or who are technology-dependent, racial and ethnic disparities in pediatric emergency care, terrorism concerns, and staff, facility, and other resource limitations. OEMS will experience an increase in demand for technical assistance services and funding.

• The quality of patient care can be improved when there is a coordination and integration of resources. Fuller integration of pre-hospital providers and hospital providers into a unified EMS system will result in faster access, better pre-hospital care, and continued high quality patient care through the rehabilitative phase. The provision of EMS training will change with technological improvements. OEMS will need to change the curricula to meet new technologies.

• Due to workforce shortages and demand on services, EMS will see a trend in returning to basics, i.e., a

rapid and robust Basic Life Support system followed by a smaller cadre of experienced and well supervised paramedics. The demand for technical assistance from localities, EMS agencies and organizations to develop strategies to address recruitment and retention of EMS personnel will increase.

• There will be changes in EMS curricula and certification programs based on EMS training and educational core content, the National Scope of Service and educational standards.

• Virginia's trauma system is benchmarked with national and state systems to ensure continuous adherence with recognized best practices in trauma care. A biannual review process of trauma centers will be conducted. Additionally, in conjunction with the JLARC study, an analysis of geographic gaps in trauma system coverage, by region will be conducted, recommendations and plans developed to meet identified gaps in trauma care services.

• There will be a greater role on safety of EMS providers. Compared to police and fire, ambulances experience the highest percentage of crashes with fatalities and injuries. Not being restrained in the back of an ambulance pose great risks. Motor vehicle crashes are the leading cause of work related deaths for EMS workers. There is a need to review current ambulance design and injury prevention and safety programs.

o Other threats to EMS providers range from bloodborne pathogens, assault & homicides to back injuries and hearing loss. Overall occupational death rates per 100,000:

+ Police: 14.2
+ Firefighters: 16.5
+ EMS: 12.7
+ National Average for all workers: 5.0

• There will be an increasing role for lay interveners. The impact of 9/11 has resulted in the development of citizen corps and other volunteer groups, support for neighbors and family, new courses being developed and an increasing role of bystander care until EMS arrives. This will require greater coordination and management of information and resources by OEMS.

• Health Care delivery issues such as declining on-call availability of specialists, diversion, hospital overcrowding, difficulty of access to primary care, uninsured patients and increasing EMS call volume will require EMS to play a significantly larger role in community health delivery and coordination of services. This will place a greater demand on OEMS programs, services and financial resources.

• EMS will play a critical role in monitoring the health of a community, surveillance, early detection; ensuring patients have access to appropriate care – all of which will require additional training for EMS providers, additional resources and more reliance on OEMS programs and services.

Service Area Financial Summary

The Code of Virginia, § 46.2-694, provides that the EMS system is to be funded through a $4 surcharge on motor vehicle registration fees that is earmarked for EMS, commonly referred to as "Four for Life". This section establishes a funding formula for the distribution of funds and specifies the purpose and use of funds. This service area is intended to receive approximately 40 percent of the Four for Life funds, as follows: 10% Office of EMS; 30% EMS System Development and Training less the amount for the Regional EMS Councils (which is reflected in the Regional EMS Councils service area plan). The remaining 60 percent of the Four for Life funds are intended to be provided to localities and non-profit EMS organizations (as reflected in the Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities service area plan.)

§ 18.2-270.01 of the Code of Virginia established the State Trauma Center Fund through a $40 fee for restoration of revoked motor vehicle licenses and a $50 fee for multiple offenders convicted of driving under the influence.

General Funds are provided to support the Statewide poison control system delineated in § 32.1-111.15 of the Code.

	Fiscal Year 2007		Fiscal Year 2008	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$0	$2,403,585	$0	$2,403,585
Changes To Base	$0	$135,093	$0	$135,093
SERVICE AREA TOTAL	$0	$2,538,678	$0	$2,538,678

Service Area Plan

Department of Health

State Office of Emergency Medical Services (40204)

Service Area Objectives, Measures, and Strategies

Objective 40204.01

Provide education and training curricula standards and certification requirements for Emergency Medical Services Personnel and Emergency Medical Services Physicians

The Commonwealth regulates the qualifications for certification and recertification of emergency medical services personnel.

This Objective Supports the Following Agency Goals:

- Provide strong leadership and operational support for Virginia's public health system.

  (This objective is also aligned with Virginia's long term objective to protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.)

- Collaborate with partners in the health care and human services system to assure access to quality health care and human services.

  ( )

- Promote systems, policies and practices that facilitate improved health for all Virginians.

  (This objective is also aligned with Virginia's long term objective to protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies at disasters of all kinds.)

- Respond in a timely manner to any emergency impacting public health through preparation, collaboration, education and rapid intervention.

  ( )

This Objective Has The Following Measure(s):

- **Measure 40204.01.00**

  Number of accredited training programs

  Measure Type: Output   **Measure Frequency:** Annually

  Measure Baseline: 17 accredited EMS training programs as of July 1, 2005 at the Advanced Life Support Training (intermediate and paramedic) level and 0 accredited training programs at the EMT Basic Life Support and Enhanced training levels.

  Measure Target: Expand accreditation program to the EMT Basic Life Support and Enhanced Training levels with a minimum of one accredited site in each of the 11 Regional EMS Council service areas (minimum of 11 accredited programs) by end of FY08.

  Measure Source and Calculation:

  Data maintained through the Virginia Office of EMS in the course enrollment and certification database.

Objective 40204.01 Has the Following Strategies:

- Promote and certify accreditation standards for educational programs
- Assist localities and EMS entities to collaboratively produce EMS education that optimizes available resources.
- Redesign program approval incorporating accreditation standards.
- Identification of programs recognized by OEMS for meeting certification eligibility and awarding continuing education for re-certification

- Develop in concert with VDH and local EMS components the ability to provide improved accessability to the EMT Instructor Institute and ALS Coordinator Seminar by using web applications.

- Produce programs of appropriate continuing education utilizing state of the art technology and alternative sources of education (i.e., web based, video streaming, etc) to allow for greater access to continuing education.

- Develop and provide a support network and educational systems that supports the recruitment, retention and role of EMS physicians.

- Coordinate and support a Statewide EMS for Children program for emergency pediatric care, availability of pediatric emergency medical care equipment, and pediatric training of medical care providers.

Objective 40204.02

Establish Regulations and Monitor Compliance of Emergency Medical Services Agencies and Personnel

The Commonwealth licenses and regulates EMS agencies through inspection and licensure of EMS agencies, permitting of EMS vehicles and investigation of complaints alleged against EMS agencies or personnel.

This Objective Supports the Following Agency Goals:

- Provide strong leadership and operational support for Virginia's public health system.

   (This objective is also aligned with Virginia's long term objective to protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.)

- Collaborate with partners in the health care and human services system to assure access to quality health care and human services.

   ( )

- Promote systems, policies and practices that facilitate improved health for all Virginians.

   (This objective is also aligned with Virginia's long term objective to protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds)

- Respond in a timely manner to any emergency impacting public health through preparation, collaboration, education and rapid intervention.

   ( )

This Objective Has The Following Measure(s):

- **Measure 40204.02.00**

  Percent Compliance of Emergency Medical Services Agencies with Established Regulations

  Measure Type: Output   **Measure Frequency:** Annually

  Measure Baseline: 91.7% regulatory compliance rate for all EMS agencies during FY04

  Measure Target: At least a 95% compliance rate by licensed EMS agencies and personnel by end of FY08.

  Measure Source and Calculation:

  VDH regulations govern EMS agency licensure, vehicle classifications, EMS Personnel requirements, EMS Education and certification, EMS Physicians, Regional EMS Councils, and financial assistance. Data maintained by OEMS in its regulation and compliance database. The percentage rate is obtained from the number of violations reported compared to the number of inspections and investigations completed during the reporting cycle.

Objective 40204.02 Has the Following Strategies:

- Conduct scheduled and unscheduled inspections of EMS agencies to verify licensed EMS agencies comply with regulations pertinent to vehicle permits, EMS personnel certification levels appropriate for EMS vehicles and, levels of care provided.

- Conduct investigations of complaints against EMS agencies or personnel in accordance with regulations and standards of investigative techniques.

- Conduct ongoing review and revision of existing regulations. Complete a general revision of existing regulations with NOIRA process every three years.

- Review and submit recommendations on all variance and exemption requests, noting any patterns.

- Provide the educational resources, technical assistance, coordination and funding support to help EMS agencies and local governments strengthen their leadership and management programs

- Develop and establish a Disciplinary Review Board to review investigative findings and make recommendations on appropriate enforcement actions.

- Establish leadership and management competencies and knowledge areas for EMS leaders

- Establish a standard of medical necessity to be used by Virginia Medevac Services to assure the appropriate use of air ambulances.

Objective 40204.03

Provide planning, coordination and evaluation of acute patient care delivery services between EMS agencies and hospitals.

OEMS is the state entity responsible to plan, coordinate and integrate a system of care that encompasses all aspects of emergency medical care.

This Objective Supports the Following Agency Goals:

- Provide strong leadership and operational support for Virginia's public health system.

  (This objective is also aligned with Virginia's long term objective to protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.)

- Collaborate with partners in the health care and human services system to assure access to quality health care and human services.

  ( )

- Promote systems, policies and practices that facilitate improved health for all Virginians.

    (This objective is also aligned with Virginia's long term objective to protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds)

- Respond in a timely manner to any emergency impacting public health through preparation, collaboration, education and rapid intervention.

    ( )

This Objective Has The Following Measure(s):

- **Measure 40204.03.00**

    Compliance with Patient Care Data Reporting requirements

    Measure Type: Outcome   **Measure Frequency:** Annually

    Measure Baseline: Currently there is an 80% compliance rate by hospitals and a 70% rate from EMS agencies required to report patient care data.

    Measure Target: 100% hospital compliance rate by end of FY07, and 100 percent EMS agency compliance rate by end of FY08.
    100% EMS agency compliance rate by FY08

    Measure Source and Calculation:

    Data maintained through the Virginia Office of EMS Emergency Medical Services Patient Care Information System which includes the Virginia Statewide Trauma Registry and the Prehospital Patient Care Reporting Program

Objective 40204.03 Has the Following Strategies:

- OEMS will maintain a system of designated trauma centers that will continue to decrease morbidity and mortality of injured person in Virginia

- OEMS will organize teams to perform trauma centers site reviews to ensure compliance with the Virginia Statewide Trauma Center Criteria.

- Review and revise the Virginia Statewide Trauma Center Designation Program Resource Manual for Hospitals

- Review and revise the State Trauma System Plan & Trauma Triage Plan

- Schedule and conduct stakeholder meetings with designated trauma centers, non designated hospitals and pre hospital agencies

- OEMS will distribute, to designated trauma centers, the Trauma Center Fund on a quarterly schedule using an electronic means of distribution. OEMS will elicit stakeholder involvement in the annual review and/or revision of the Trauma Center Fund Distribution Method.

- Provide education as needed to support the mission of the Virginia Poison Control Network (VPCN). Support the maintenance of funding needed by the VPCN to improve services and increase poison injury prevention efforts. Pave the way towards a system of toxosurveillance within the VPCN.

- Utilize Prehospital Patient Care Reporting and Trauma Registry data to perform EMS Research.

- Convert the PPCR data elements to comply with the National EMS Information System data element standards approved by the National Highway Traffic Safety Administration.

- Participate as an active stakeholder in the development of a national trauma registry data set with the National Trauma Data Bank.

Objective 40204.04

Provide Emergency Operations, Training and Response

No state is immune from mass casualty events. The EMS System in Virginia must increase its efforts to plan for and mitigate the special types of events that consume both local and regional resources. These continue to increase at alarming rates, and many agencies are not prepared or equipped to respond in a timely or adequate manner. Effective response to major events, natural disasters or acts of terrorism is critical to the provision of EMS to the citizens of the Commonwealth.

This Objective Supports the Following Agency Goals:

- Provide strong leadership and operational support for Virginia's public health system.

  (This objective is also aligned with Virginia's long term objective to protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds)

- Collaborate with partners in the health care and human services system to assure access to quality health care and human services.

  ( )

- Promote systems, policies and practices that facilitate improved health for all Virginians.

  (his objective is also aligned with Virginia's long term objective to protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds)

- Respond in a timely manner to any emergency impacting public health through preparation, collaboration, education and rapid intervention.

  ( )

This Objective Has The Following Measure(s):

- **Measure 40204.04.00**

  ### *Number of EMS personnel trained in Mass Casualty Incident Response*

  Measure Type: Output   **Measure Frequency:** Annually

  Measure Baseline: As of July 1, 2004, 5,300 have been trained in Mass Casualty Incident Management (MCIM) while attending basic EMT certification course.

  Measure Target: Train 1,000 new EMT personnel in MCIM by end of FY07.

  Measure Source and Calculation:
  Data maintained through the Virginia Office of EMS in the course enrollment and certification database.

Objective 40204.04 Has the Following Strategies:

- Increase the number of EMS personnel trained in MCIM to increase the knowledge of emergency operations by first responders.

- Increase the number of deployable Office of EMS emergency response teams and resources.

- Increase the knowledge of Health Medical Emergency Response Teams capabilities with local government officials, emergency managers and emergency supervisors.

- Identify and validate electronic systems that effectively and efficiently alert, deploy and monitor HMERT resources during events.

- OEMS will hire an individual to coordinate team development and response.

- Educate the HMERT on the availability of financial assistance for non profit EMS organizations and localities.

- Increase communications interoperability between EMS agencies and other public safety organizations and agencies at the local, state and federal levels. Increase number of communications centers employing Emergency Medical Dispatch programs.